Evolution of an International Collaboration: A Unique Experience Across Borders

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An international collaboration to support and mentor palliative care nurses was developed between two educational institutions in the New England region of the United States and the Hospice Casa Sperantei in Brasov, Romania. Through teleconferences, onsite visits, research, and shared publications, the collaboration continues to be a dynamic experience for the partners and students. The seven-year relationship has affected the Romanian nursing team by providing professional education and support, as well as validation of clinical practice.

The creation of sustainable international collaborations is congruent with the mission and values of nursing and the philosophy of nursing education. Establishing collaborative nursing education and practice programs ultimately improves clinical experiences and patient care. In 2003, a transatlantic partnership was formed between a collaborative group called the New England Alliance for Hospices of Hope (NEA) and Hospice Casa Sperantei (part of the organization Hospices of Hope). NEA is an academic and collaborative relationship between the College of Nursing at the University of Rhode Island in South Kingston and the School of Nursing and Health Studies at Simmons College in Boston, MA. Hospice Casa Sperantei, located in Brasov, Romania, provides hospice and palliative care services to Brasov and its surrounding communities. Of note, the Romanian team considers hospice care part of the palliative care services.

The vehicles for collaborative education included programs via teleconferencing, onsite conferences, research, publications, and in-person visits. The seven-year relationship has dynamic vision to facilitate growth in the advancement of professional nursing in Romania; foster transformational, academic, and service partnerships; and establish a mentorship model (Bleich, Hewlett, Miller, & Bender, 2004; Gerzevitz, Ferszt, Vosit-Steller, & Mitrea, 2009). The NEA’s mission was inspired to build on the existing structure of Romanian nursing education and professionalism and to overcome cultural barriers to collaboration (Kirchhoff, 2004).

The initial connection to the Romanian nurses was made through the American Board of Trustees of the Hospice. The multinational nurses in the partnership sustain this collaboration to provide nursing education and professional development to foster evidenced-based palliative care practice to nurses in Romania (Kirschling & Erickson, 2010). Eight NEA members have traveled to Romania three times; the visits also provided clinical experiences for six American nurse practitioner students. In 2009, the group also included a lymphedema therapist. Overall, these experiences influenced the participants’ interest in interprofessional collaboration and continuing palliative care education. In June 2011, 12 NEA members traveled to Romania; three members were students and five members were faculty who also were active nurse practitioners and were returning for a second or third experience. Funding for the collaboration has been privately raised by the NEA and grant supported for faculty and students by the University of Rhode Island.

Creating Collaborative Relationships

Establishing international collaborative relationships is challenging and rewarding. In the process of strengthening relationships between NEA and Hospice Casa Sperantei, members presented several teleconferences focused on improving the quality of life of terminally ill patients in Romania. The initial teleconferencing efforts in 2007 were somewhat limited in their effectiveness because of technological challenges, cultural differences influencing learning styles, language difficulty, and a perceived mistrust that was described as a throwback to the previous oppressive communist regime (Gerzevitz et al., 2009). The reported effect of a communist regime consists of lack of self-esteem, lack of trust in people, and lack of support from the state infrastructure

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Digital Object Identifier: 10.1188/11.CJON.564-566
Working side-by-side with the nurses, the Americans found little difference in the critical thinking or the manner in which the Romanian nurses provided nursing care to patients. Yet the Romanian staff’s sentiment reflected a lack of formal language around the definition of and the means to promote dignity at the end of life. The Romanian nurses expressed concern that they did not possess the necessary tools to succeed in helping patients achieve personal goals in the palliative care setting. The following quote from e-mail correspondence illustrates those sentiments.

Thank you all for your free will investment in us. No one here appreciates the contribution of nurses in the health system. No one believes that nurses can encourage value and honor/dignity at the time of death. Having you beside us, to confirm that our clinical work is important, valuable, and makes the difference for the patient, is the most precious gift that we received from you. This is something great for us. Thank you again! (N. Mitrea, personal communication, May 21, 2008)

In Romanian hospitals, clinical nursing practice does not change according to new findings in the research field; instead, each generation inherits the archaic mode of delivering care: each nursing unit has its own way of doing things and, therefore, ignores the knowledge learned during basic nursing education (Mitrea, 2010). In general, face-to-face contact, as used by NEA, provided opportunities to develop an understanding of cultural differences, discuss expectations from educational approaches, and begin to establish a relationship based on mutual respect (Memnott et al., 2010).

**Transformation**

As the collaborative relationship was nurtured and matured, the need for the advancement of knowledge and education supported the mission of NEA. Slowly, the mentored nurses have themselves become mentors of a new group of nurses. Although the original relationship remains, it has transformed. Most recently, NEA supported the training of three nurses in lymphedema massage; provided access for the nurses to full-length articles for research; and facilitated, through sponsorship, Hospice Casa Sperantei nurses participating in the national and European conferences in palliative care.

Quarterly teleconferences remain well attended and now are broadcast from Brasov and Bucharest to sites in Moldova, Serbia, and Greece. As a result of the ongoing professional collaborative relationship, the teleconferences have transitioned to a shared didactic model (Kirschling & Erickson, 2010). The collaborative effort has led to the matriculation of the director of nursing/national coordinator of palliative care nursing education at Hospice Casa Sperantei into the selective two-week intensive Harvard Palliative Care Training Program in 2010.

Looking to the future of professional collaboration and education, the second annual Romanian and American International Palliative Care Nursing Conference was held in June 2011 in Bucharest, Romania. The conference included American and Romanian multidisciplinary presenters and attendees came from Serbia, Moldova, Greece, Hungary, Czech Republic, Georgia, Uzbekistan, Kazakhstan, Macedonia, Montenegro, Bulgaria, Turkey, Bosnia-Herzegovina, Russia, Ukraine, and Tajikistan. Over time, the impact of this relationship is being documented and measured to replicate this model of professional support and mentorship.

At the multinational conference in June 2011, the capstone research examining nursing practices that promote dignity at the end of life was expanded to include Romania’s neighboring countries (i.e., Serbia, Moldova, and Greece). Through collaboration and research, the Romanian nurses identified a number of methods to improve...
palliative care practice. NEA’s efforts to increase professional collaboration within the Romanian patient care networks inspired efforts to create multi- and interdisciplinary collaborative networks between the Romanian oncology and pediatric hospitals; those networks did not exist prior to the international collaboration (Vosit-Steller et al., 2010).

Another notable result of the collaboration is the creation of transitional care teams consisting of Romanian palliative care nurses and members of hospitals or specialty practices. The groups meet regularly and have created pathways of communication for patients and families (Vosit-Steller et al., 2010). The interdisciplinary collaboration amongst Romanian clinicians led to an increased trust across disciplines. A trusted relationship replaced the competitive relationship that existed previously between separate clinical settings (Bleich et al., 2004).

The next phase of NEA’s collaborative relationship with Hospice Casa Sperantei depends on communication, competence, and strategies (Bleich et al., 2004; Memmott et al., 2010). A need exists to sustain training resources, acknowledge the need to translate any newly acquired techniques to their own practices, expand education, and transform support by reevaluating the role of collaboration on an annual basis. A current emphasis on providing access to nursing literature, obtaining skill for writing articles, and expanding support for palliative care training programs in remote countries affiliated with the Hospices of Hope are the current priorities of NEA.

Conclusion

Collaboration is a dynamic process that benefits the mentor and the mentee, particularly when they understand one another’s needs. In the situation presented in this article, the mentee is now an advisor, counselor, coach, guide, teacher, and friend whom others trust for valuable perspective. The conversations are uplifting and bring a sense of new possibilities to the relationship. NEA’s Romanian colleagues go out of their way to set goals for themselves in the context of the collaboration and foster the development of their skills to reach these goals. The American team has stood in silent wonder of its own professional growth following the many academic and face-to-visits; these moments often are unknown to NEA’s Romanian colleagues.

Mentorship has given each participant an opportunity to give back, show gratitude, and reciprocate. These contributions provided the opportunity to prepare Romanian nurses for future leadership—a necessary strength in today’s international nursing environment. The participants all have examined and validated what they have learned. They feel satisfied, proud, and rejuvenated as they see the benefits of the collaboration. The most powerful way to change the world, one person at a time, is to take the time to reach out to others, share wisdom, convey respect, and grow together.

Transformational nursing leaders naturally join together to create collaborations; selecting a partner is an important consideration. Successful partnerships evolve when the conditions are present for pursuit of a common goal that mutually benefits each party. If nurses are interested in similar projects, they should strive to find the perfect partner where an equitable exchange of resources—both material and intellectual—exist. Metrics must be established to measure success and share common goals. The challenge at hand is that the collective wisdom and experience to create a springboard for action rarely is present in any one organizational entity. Only through collaborative partnerships can nursing’s potential be fully realized for the benefit of service.

References


